

Cement Masons and Plasterers Health and Welfare Plan

The Traditional Dental Care Plan provides coverage for Class A and B services, called “Preventive and Routine Services,” and Class C services, called “Major Services.” Retired Participants and their dependents are covered only if dental care coverage was selected at the time of enrollment for Retiree benefits. When electing coverage through the Traditional Dental Care Plan, you may use a dental provider of your choice.

| Traditional Dental Plan Summary | | | | | | | | | | | | | | | | | |
|---|--|--|---------------------------|--|-----------------|--|------------------|--|-----------------|--|-------------------|---|--|---|------|------------------------------|--|
| Calendar Year Deductible | \$50 per person Waived for Class A Preventive Services | | | | | | | | | | | | | | | | |
| Calendar Year Maximum | \$2,000 per person | | | | | | | | | | | | | | | | |
| Co-payment Percentage | <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;"></th> <th style="text-align: right;">Percentage Payable</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">Preventive and Routine Services (Class A & B Services)</td> <td style="text-align: right;">First Year 70%*</td> </tr> <tr> <td></td> <td style="text-align: right;">Second Year 80%*</td> </tr> <tr> <td></td> <td style="text-align: right;">Third Year 90%*</td> </tr> <tr> <td></td> <td style="text-align: right;">Fourth Year 100%*</td> </tr> <tr> <td colspan="2">You must have a dental treatment each year in order to move to the next higher percentage level. If you do not have dental treatment in any one year, your percentage level will drop back 10%, but in no event will it be less than 70%.</td> </tr> <tr> <td style="text-align: center;">Major Services (Class C Services)</td> <td style="text-align: right;">50%*</td> </tr> <tr> <td colspan="2" style="text-align: center;"><i>*of Allowable Charges</i></td> </tr> </tbody> </table> | | Percentage Payable | Preventive and Routine Services (Class A & B Services) | First Year 70%* | | Second Year 80%* | | Third Year 90%* | | Fourth Year 100%* | You must have a dental treatment each year in order to move to the next higher percentage level. If you do not have dental treatment in any one year, your percentage level will drop back 10%, but in no event will it be less than 70%. | | Major Services (Class C Services) | 50%* | <i>*of Allowable Charges</i> | |
| | Percentage Payable | | | | | | | | | | | | | | | | |
| Preventive and Routine Services (Class A & B Services) | First Year 70%* | | | | | | | | | | | | | | | | |
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| You must have a dental treatment each year in order to move to the next higher percentage level. If you do not have dental treatment in any one year, your percentage level will drop back 10%, but in no event will it be less than 70%. | | | | | | | | | | | | | | | | | |
| Major Services (Class C Services) | 50%* | | | | | | | | | | | | | | | | |
| <i>*of Allowable Charges</i> | | | | | | | | | | | | | | | | | |
| Treatment of Temporomandibular Joint Disease or Disorder | \$750 per person cumulative lifetime benefit | | | | | | | | | | | | | | | | |
| Description of Class A, B and C Services | | | | | | | | | | | | | | | | | |
| <i>This is only a summary of covered dental services. For a complete list of covered services, limitations and exclusions, refer to your Summary Plan Description (plan booklet).</i> | | | | | | | | | | | | | | | | | |
| Preventive and Routine Services – Class A & B | <ul style="list-style-type: none"> • Oral Exams (limited to 2 per year) • Dental X-rays (full mouth or panoramic X-rays once each 3 cal years) • Cleanings (limited to 2 per year) • Dental Sealants (for dependents under age 16). 1st and 2nd permanent unrestored molars only, 1 in a 4 year period • Extractions • Fillings • Oral surgery • General Anesthesia for complex oral surgical procedures defined by the Plan • Endodontic treatment | | | | | | | | | | | | | | | | |
| Major Services Class C | <ul style="list-style-type: none"> • Bridges • Crowns • Dentures • Nightguards • Implants, including surgical placement and attachments • Periodontal services | | | | | | | | | | | | | | | | |
| Orthodontia | Not Covered | | | | | | | | | | | | | | | | |